

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN645CAH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2010
NAME OF PROVIDER OR SUPPLIER HUMBOLDT GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 118 EAST HASKELL STREET WINNEMUCCA, NV 89445		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure focus survey conducted in your facility on 3/16/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000			
S 115 SS=E	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation and interview the facility failed to provide a sanitary environment in the following areas: 1. Housekeeper observed eating in the soiled scope processing room. 2. Surgeon hung lab coat in the operating room after the sterile field had been opened and the	S 115	Policy discussed with housekeeping. Policy revisions attached. Hook to hang cover up placed in unrestricted area. Policy discussed With surgeon and dept. staff in April monthly staff meeting.		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

(X6) DATE

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LAS VEGAS, NEVADA

If continuation sheet 1 of 3

Bureau of Health Care Quality and Compliance

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S 115	Continued From page 1 patient had been prepped for surgery. 3. Glucometers used in the emergency and maternity departments were not disinfected after use. Severity 2 Scope 2	S 115	Memo provided to all staff regarding cleaning glucometers after Each use. Policy revised to reflect this change 4/6/2010. Reminder Placed on all glucometers.	
S 176 SS=F	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (b) Obtain the necessary permits from the bureau of health protection services of the health division of the department of human resources. This Regulation is not met as evidenced by: Surveyor : Vincent Valiente Based on observation, interview, and record review on 3/17/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Critical Violation(s): a. Cross contamination was observed inside the (right) walk-in refrigerator. Raw steak, raw pork chops, and raw bacon were stored over and next to ready to eat foods. 2. Cleaning and Sanitation Issues: a. The chlorine sanitizer for the wiping cloth was over concentrated and recorded >200ppm. b. The food preparation sink was directly plumbed. c. The vent to the ice machine was dirty with dust and debris. d. The pre-rinse sprayer in the dishwashing area hangs into the sink past the required level. 3. Equipment and Maintenance Issues: a. Both walk-in refrigerators had exposed copper lines leading from the condensers. b. The (right) walk-in refrigerator had a hole in the ceiling with expose wires. c. The reach-in refrigerator near the food	S 176	1.a In service on proper raw food storage policy and procedure Will keep all dietary staff informed on proper storage of Potentially Hazardous foods. Dietary manager will monitor area. In-service Will be 4/14/10. Will also in-service on 3/17/10 2.a Chlorine sanitizer strength. 50 to 100 ppm. Posted sign with Solution strength to be monitored by Dietary manager. Correction date 3/17/2010 2.b Submitted work order to maintenance was completed 3/30/2010. Have installed an air gap on sink drain line. 2.c Washed by Dietary aide 3/23/10 put on cleaning schedule. Dietary manager will monitor. Cleaned vent screen. A Maintenance schedule was added to the maintenance calendar To ice machine vent every 6 months. 2.d Work order submitted. Have ordered parts will replace The pre-rinse sprayer assembly 3.a Work Order submitted. Installed foam wrap on condenser Drain lines 03/30/2010 3.b Work order submitted. Removed wires and plugged hole. 3/30/10 B. How will the facility monitor its corrective actions. By adding 2.c and 3.c to the Maintenance calendar The Maintenance dept. will be automatically notified To perform a p.m. task.	

*Accepted
4/13/10*

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4/7/2010*

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S 176	Continued From page 2 preparation sink had damaged gaskets. d. Light bulbs near the service window and dishwashing area are burned out. Severity 2 : Scope 3	S 176	3.c Work order submitted. Replaced the torn door gasket. 3/29/10 A Maintenance calendar to check refrigerator and Freezer door Seals every 6 months. 3.d Work order submitted. Bulbs are here Maintenance installed 3/29/10 Dietary supervisor was instructed to provide training to All staff to insure That they all know how to use the Facilities Computerized work order system And to instruct them to use it in Case of any maintenance issue that needs Attention.	
S 340 SS=E	NAC 449.363 Personnel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to conduct mantoux testing on employees who have received the BCG vaccine in the past and failed to conduct a second step mantoux on one employee. Severity: 2 Scope: 2	S 340	10/09 employee vaccination schedule program updated. Copy of Same program given to HR. Color coding of list made easy Identification of employee in need of TB testing. Notices are sent Out monthly. 11/09 Administration mantoux testing limit to Infection Control nurse. New hire orientation include Administration of TB test And check of documentation of prior TB Test, chest x-ray. 11/09Employee chart audit TB test notice e sent Monthly monitoring, color Coding and follow up shall ensure Employees testing for TBSurveillance and follow up are in Accordance With chapter. Policy Regarding employee with Documented BCG Shall be updated to include having a document Positive test. If not mantoux test is preformed policy to be Updated by 5/1/10	

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